

# **First Health Services of Montana Provider Manual**

## **RETROSPECTIVE REVIEW SERVICES**

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First Health Services of Montana will perform retrospective clinical record reviews on a variety of review items. Reviews will be performed to ensure that there is sufficient evidence of medical necessity for payment and that existing documentation demonstrates that the patient was engaged in active and appropriate treatment that is consistent with acceptable standards of practice for the diagnosis, age, and circumstance of the recipient.

Upon determination by the Department of providers to be reviewed, FHSM will notify the provider by letter of the review and its purpose. A list of records to be reviewed will be provided. The retrospective clinical record review will be conducted on a sample of medical records meeting inclusion criteria. Reviews may be conducted on-site or as a desk review. If a desk review is being performed, providers will have a specified time period to deliver the full medical record to FHSM. The notification time frame will be determined in accordance with the Department's standards.

Upon receipt of the medical record from the provider, a FHSM staff member from the appropriate professional discipline will perform the clinical record review. Providers will be notified via surface mail of any adverse findings that would lead to possible recoupment of Medicaid/State General funds by the Department. The provider will also be notified of their right to appeal any such determination. This appeal process will follow the same process outlined in the previous sections of this manual. Each review will be followed by a complete and comprehensive report, to the Department and provider, within 14 days unless otherwise specified.

Report content and format, all review instruments, protocols, and procedures will be submitted to the Department for approval prior to implementation of the first review.